

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 AM 8:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000074341

1. Limited Liability Company's Name

FLORIDA MEDIATION, LLC

200147186292
03/24/09--01030--014 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 111 NE 1ST STREET		3. Mailing Office Address 111 NE 1ST STREET	
Suite, Apt. #, etc. 5TH FLOOR		Suite, Apt. #, etc. 5TH FLOOR	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33132	Country	Zip 33132	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 07/26/06	
6. FEI Number 06-1787819	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Saul Cimblor

Street Address (P.O. Box Number is Not Acceptable)
111 NE 1st Street

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33132

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 03-04-09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MNG	SAUL CIMBLER	111 NE 1ST STREET, 5TH FL	MIAMI, FL 33132

L. SELLERS
MAR 11 2009
EXAMINER

REINSTATEMENT 07-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 03--04-09 Daytime Phone # 305-964-0353

Typed or printed name of signing Managing Member/Manager SAUL CIMBLER